



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<b>FEE TRANSMITTAL</b> For FY 2009		<b>Complete if Known</b>	
		Application Number	10/782,385-Conf. #3573
		Filing Date	February 18, 2004
		First Named Inventor	Satoshi Mizutani
		Examiner Name	M. M. Kidwell
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3761
TOTAL AMOUNT OF PAYMENT		(\$)	490.00
		Attorney Docket No.	20050/0200895-USO

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-0100		Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
12	- 22 or HP 0	x 52.00 =	0.00	Fee (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee Paid (\$)
1	- 3 or HP 0	x 220.00 =	0.00	

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month	490.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	47,522
Name (Print/Type)	Louis J. DelJuidice	Telephone	(212) 527-7700
		Date	October 19, 2009



# AMENDMENT TRANSMITTAL LETTER

Docket No.  
20050/0200895-USO

Application No.  
10/782,385-Conf. #3573

Filing Date  
February 18, 2004

Examiner  
M. M. Kidwell

Art Unit  
3761

Applicant(s): Satoshi Mizutani et al.

Invention: INTERLABIAL PAD AND INDIVIDUAL PACKAGING BODY FOR INDIVIDUAL PACKAGE OF INTERLABIAL PAD

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	12	- 22 =	0	x 52.00	0.00
Independent Claims	1	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					490.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					490.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 04-0100 in the amount of \$ 490.00 .

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

*Louis J. DelJuidice*  
Louis J. DelJuidice  
Attorney/Agent Reg. No.: 47,522

Dated: October 19, 2009

DARBY & DARBY P.C.  
P.O. Box 770  
Church Street Station  
New York, New York 10008-0770  
(212) 527-7700